Only

STATEMENT OF

PAGE 1 / 14 =

FEC FORM 1			RGANI							Office	Use (Only			
NAME OF COMMITTEE (ir	n full)		Check if name changed)		mple:If typir	ıg, type	12	FE4	1M5		•				_
Sharice for															
					1 1 1 1			1 1	1 1	1 1	1 1	ı I	1 1	1 1	
ADDRESS (number a	nd street)	13851 W.	63rd St.				1 1								_
(Check if a is changed	address	NUM 303					1 1		1 1		1			1 1	_
is changed	<i>1)</i>	Shawnee					K	S		66216		-		1 1	_
		CI	ГҮ 🛦				STA	ATE A	`			ZIP C	ODE 4	<u> </u>	
COMMITTEE'S E-MA	AIL ADDRI	ESS													
(Check if a is changed		jay@bl	uewavepoliti	cs.com											
-		Optional	Second E-Mail	Address											
COMMITTEE'S WEB (Check if a is changed	address		RL) riceforcongress.o	com											
2. DATE 1			2022												
3. FEC IDENTIFIC	CATION N	UMBER ▶	C	C0067003	4										
4. IS THIS STATEM	MENT	NEW	(N) OR	×	AMEN	DED (A)									
I certify that I have e	examined 1	his Stateme	nt and to the b	est of my k	knowledge a	ind belief it	t is tru	e, co	rrect a	and co	omple	ie.			
Type or Print Name	of Treasure	er Pettersor	n, Jay, , ,												
Signature of Treasure	er <i>Pette</i>	rson, Jay, , ,			[Electronical	ly Filed]	Date		M M M	′	12	′ [202		Y
NOTE: Submission of	false, error		omplete informat								nalties	of 52	2 U.S.0	C. §30	O109.
Office Use					For further i Federal Elect Toll Free 800	ion Commiss		:			EC Revise		RM 1		_

Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate Davids, Sharice, , ,	
	Candidate Party Affiliation Office Sought: House Senate President	State KS District 03
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	00
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	ganization
	Membership Organization Trade Association Cooperati	ve
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	;).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1. C	

	FEC Form 1	1 (Revised 02/2009)	Page 3
W	/rite or Type Comn	mittee Name	
	Sharice f	for Congress	
i.	-	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
	Mailing Address	200 WEST 79TH STREET, #8N	
		NEW YORK NY 10024	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponse
	Custodian of Rec	cords: Identify by name, address (phone number optional) and position of the person in posses ds.	sion of committee
		Petterson, Jay, , ,	
	Full Name		
	Mailing Address	401 2nd Avenue South	
		Suite 303	
		Seattle WA 98104	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position	▼	
	Treasurer	Telephone number	682 7328
		he name and address (phone number optional) of the treasurer of the committee; and the nagent (e.g., assistant treasurer).	ame and address of
	Full Name	Petterson, Jay, , ,	
	of Treasurer		
	Mailing Address	401 2nd Avenue South	
		Suite 303	
		Seattle WA 98104	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position	▼	
	Treasurer	Telephone number	682 7328

FEC Form 1 (F	Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		lephone number	
	positories: List all banks or other depositories in which s or maintains funds.	the committee deposits fund	s, holds accounts, rents
Name of Bank, Dep	ository, etc.		
E	Bank of America		
Mailing Address	1801 K St NW		
	Washington	DC 2	20006
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Dep	ository, etc.		
L ^V	Voodsboro Bank		
Mailing Address	5 N Main Street		
	Woodsboro	MD 2	21798
	CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

		1 1 1	
		<u> </u>	<u> </u>
	other depositories in which	i the committee deposit	s funds, holds accounts, rents
and and that all the state	allan alan 1919 to 1	. Here was seller in the	- Conda halls
	-	elephone Number	
	CITY A	STATE ▲	ZIP CODE ▲
y by name, address (p	phone number – optional)		
d Organization Aff	illiated Committee X Join	nt Fundraising Represent	ative Leadership PAC Spo
	CITY A	STATE ▲	ZIP CODE ▲
WASHINGTON		DC	20003
PO BOX 15320			
=	ed Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponso
		1 EO ID HUITIDEI	<u> </u>
			C
			C
		FEC ID number	C
	PO BOX 15320 WASHINGTON and Organization Affiliate PO BOX 15320 WASHINGTON Affiliate PO BOX 15320 WASHINGTON	PO BOX 15320 WASHINGTON CITY dd Organization Affiliated Committee Fy by name, address (phone number – optional) CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY	FEC ID number FE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h). Joint Fundr	aising Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	cted Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Sponsor
Mailing Address	401 2ND AVE S		
	STE 303		
	SEATTLE	WA	98104
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Conv	nected Organization Affiliated Committee X Join	nt Fundraising Representa	ative Leadership PAC Sponsor
	lentify by name, address (phone number – optional)		
8. Designated Agent: Id			
8. Designated Agent: Id			
8. Designated Agent: Id			
8. Designated Agent: Id	lentify by name, address (phone number – optional)	STATE A	ZIP CODE A
8. Designated Agent: Id	lentify by name, address (phone number – optional) Line of the control of the c		
8. Designated Agent: Id Full Name Mailing Address TITLE OR POSIT	lentify by name, address (phone number – optional) CITY ▲ CITY ▲ City Incomplete the control of the control	STATE A	ZIP CODE A
8. Designated Agent: Id Full Name Mailing Address TITLE OR POSIT	lentify by name, address (phone number – optional) CITY ▲ CITY ▲ Desitories: List all banks or other depositories in which or maintains funds.	STATE A	ZIP CODE A
8. Designated Agent: Id Full Name Mailing Address TITLE OR POSIT	lentify by name, address (phone number – optional) CITY ▲ CITY ▲ Desitories: List all banks or other depositories in which or maintains funds.	STATE A	ZIP CODE A
8. Designated Agent: Id Full Name Mailing Address TITLE OR POSIT	lentify by name, address (phone number – optional) CITY ▲ CITY ▲ Desitories: List all banks or other depositories in which or maintains funds.	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundrais	ing Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund		
REPRESENTAT	ION MATTERS: WOMEN OF COLO	OR ON THE FRO	NTLINE
	910 17TH STREET NW SUITE 925		
Mailing Address	310 17 11 31 12 1 1 W 3312 323		
	WASHINGTON	DC	20006
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Ident		nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Ident		nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Ident		nt Fundraising Represent	
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident	ify by name, address (phone number – optional)	STATE A	
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)		
Full Name Mailing Address	ify by name, address (phone number – optional) CITY	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or necessity.	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisir		FEC ID number	С
1.		FEC ID number	C
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
New Wave Wome	en 		
Mailing Address	430 S Capitol St SE		
Mailing Address	2nd Floor		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions.	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mailing ame of Bank, epository, etc.	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mailing ame of Bank, epository, etc.	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
NEWDEM ACTION	ON FUND FOR THE FUTURE		
	040 47711 07 NW 075 005		
Mailing Address	910 17TH ST NW STE 925		
	WASHINGTON	DC L	20006
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC Sp
	ed Organization Affiliated Committee Join Join fy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.			FEC I	D number	C
3.			FEC I	D	
			_	D number	C
4			FEC I	D number	C
			FEC I	D number	С
		ated Committee, Joint	Fundraising Re	presentativ	e, or Leadership PAC Spon
DEFEND THE MA	JORITY				
Mailing Address	600 PENNSYLVAI	NIA AVE SE #15180			
	WASHINGTON			DC	20003
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name, address ((phone number – option	al)	1 1 1 1	
Mailing Address					
		CITY A		STATE A	ZIP CODE A
TITLE OR POSITION	•	J			002
			Telephone N	lumber	
anks or Other Depositor afety deposit boxes or ma		or other depositories in v	which the comm	ittee deposit	s funds, holds accounts, ren
ame of Bank, epository, etc. Mailing Address	<u> </u>				

FEC Form 1S (Revised 02/2017)

r(h). Joint Fundraisi i	ng Participant:		
1		FEC ID numbe	C
2		FEC ID numbe	C
3.		FEC ID numbe	C
4		FEC ID numbe	C
	Organization, Affiliated Committee, Joint Fu	ındraising Representat	ive, or Leadership PAC Sponso
EDW HOLD THE	HOUSE FUND		
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
	WASHINGTON	DC	20003
Relationship:	CITY A	STATE	▲ ZIP CODE ▲
		loint Fundraising Represe	ntative Leadership PAC Spor
	y by name, address (phone number – optional		Leadership PAC Spor
Designated Agent: Identif			Leadership PAC Spor
Designated Agent: Identif	y by name, address (phone number – optional		
Designated Agent: Identif	y by name, address (phone number – optional	STATE A	
Designated Agent: Identif	y by name, address (phone number – optional		
Designated Agent: Identification Full Name	y by name, address (phone number – optional CITY CITY ries: List all banks or other depositories in wh	STATE A	ZIP CODE A
Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc.	y by name, address (phone number – optional CITY CITY ries: List all banks or other depositories in wh	STATE A	ZIP CODE A
Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or means.	y by name, address (phone number – optional CITY CITY ries: List all banks or other depositories in wh	STATE A	ZIP CODE A
Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc.	y by name, address (phone number – optional CITY CITY ries: List all banks or other depositories in wh	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
ELECT DEMOCF	RATIC WOMEN 2022		
<u> </u>			
	200 PENNOW VANDA AVE OF WALKS		
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
	WASHINGTON	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC S
	Affiliated Committee	t Fundraising Represent	ative Leadership PAC S
		t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identif	fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC S
esignated Agent: Identif	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification of the serious part of the serious	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 a

n). Joint Fundraising	ranticipant:		
1.		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
	Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spon
HOUSE VICTORY	PROJECT 2022		
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee	oint Fundraising Representa	ative Leadership PAC S
Connected	Organization Affiliated Committee	oint Fundraising Represent	Leadership PAC S
Connected esignated Agent: Identify		oint Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name		oint Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name			Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
Connected esignated Agent: Identify Full Name	by name, address (phone number – optional)		
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositoriatety deposit boxes or main	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositori	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositoriatety deposit boxes or mainame of Bank,	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositoring deposit boxes or main arme of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisir	ng Participant:		
1		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
STAND UP FOR	DEMOCRACY JFA		
	PO BOX 5418		
Mailing Address			
	TAKOMA PARK	MD MD	20913
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
			ative Leadership PAC S
	y by name, address (phone number - optional)		
Full Name	y by name, address (phone number – optional)		Leadership PAC S
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY	STATE A	
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or material deposit boxes or material depository, etc.	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor detay deposit boxes or material deposit boxes or material depository, etc.	CITY A	STATE A Telephone Number	ZIP CODE A